



# State of New Hampshire

Department of Safety, Division of Motor Vehicles

Driver Education Section

10 Hazen Drive, Concord, NH 03305

(603)271-2485

Richard M. Flynn  
Commissioner of Safety

Virginia C. Beecher  
Director of Motor Vehicles

## DRIVER EDUCATION REIMBURSEMENT FORM

SCHOOL NAME: \_\_\_\_\_ SCHOOL DISTRICT: \_\_\_\_\_ SAU # \_\_\_\_\_

NAME OF DRIVER EDUCATION INSTRUCTOR(S): \_\_\_\_\_

TELE: \_\_\_\_\_ COURSE STARTED: \_\_\_\_\_, 20\_\_\_\_ COURSE COMPLETED: \_\_\_\_\_, 20\_\_\_\_

DEADLINES FOR FILING: First Semester: Feb 15, Second Semester: June 20, Summer School: Sept 15

NAME OF STUDENT (alphabetical - Last, First, MI)	DOB	ADDRESS (Street, City, State,)	TELE #	NH Resi- dent?	CERT #
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

\*\*\*\*\*USE OTHER SIDE FOR ADDITIONAL SPACE\*\*\*\*\*

I certify that the above listed pupils have completed the Driver Education Course consisting of at least 30 hours of classroom education, 10 hours of driving and 6 hours of observation:

Signature of Superintendent  
or designated Administrator: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signed under penalty of unsworn falsification pursuant to RSA 641:3

CONTINUED FROM OTHER SIDE:

NAME OF STUDENT (alphabetical - Last, First, MI)	DOB	ADDRESS (Street, City, State.)	TELE #	NH Resi- dent?	CERT #
11.					
12.					
13.					
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